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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Numb r **DWE/CAUCHON IV**
First Named Inv ntor **CAUCHON, Denis**

COMPLETE IF KNOWN

Application Number **X**
Filing Date **X**
Art Unit **X**
Examiner Name **X**

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPRING LOADED LOAD RESTRAINT WINCH SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/SBA/1 (10-01)

Approved for use through 10/31/2002. OMB 0951-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label 32834		OR <input checked="" type="checkbox"/> Correspondence address below	
Name D.W.EGGINS					
Address 18 DOWNSVIEW					
City BARRIE		State On.		ZIP L4M 4P8	
Country CANADA		Telephone (705) 726-1975		Fax 705 726-7341	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1501 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Denis G.			Family Name or Surname CAUCHON		
Inventor's Signature <i>Denis Cauchon</i>				Date <i>July 10, 2003</i>	
Residence: City ALBAN		State On.		Country CANADA Citizenship CANADIAN	
Mailing Address P.O. BOX 189 - 827 HWY 64					
City ALBAN		State On.		ZIP P0M 1A0 Country CANADA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country Citizenship	
Mailing Address					
City		State		ZIP Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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10/27/02

5/10/03 M'J

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

DWE/CAUCHON IV

CLAIMS AS FILED - PART I			SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)	(Column 2)	(Column 3)	RATE	FEE	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA				
BASIC FEE (37 CFR 1.16(a))				\$ 375		\$
TOTAL CLAIMS (37 CFR 1.16(c))	17 minus 20 = *	0	x \$	0	x \$	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = *	0	x	0	x	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+		+	
If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	\$375	OR TOTAL	

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+	
					TOTAL		OR TOTAL		

(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+	
					TOTAL		OR TOTAL		

(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+	
					TOTAL		OR TOTAL		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.